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STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Elizabeth Emken for Congress 525 E. Seaside Way, #101-C ADDRESS (number and street) (Check if address is changed) Long Beach 90802 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS gary@crummittandassociates.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.elizabethemken.com (Check if address is changed) DATE 2013 C00545509 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. **Gary Crummitt** Type or Print Name of Treasurer Gary Crummitt [Electronically Filed] 10 17 2013 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

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